

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

RECEIVED

10578308

SEARCHED

INDEXED

FILED

FILED DATE

CLAIMS

AS FILED IND. DEP.	AFTER IN AMENDMENT		AFTER IN AMENDMENT		AS FILED IND. DEP.	AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/				51				
2	/				52				
3	/				53				
4	/				54				
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44	/				94				
45	/				95				
46	/				96				
47	/				97				
48	/				98				
49	/				99				
50	/				100				
TOTAL IND.					TOTAL IND.				
TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS					TOTAL CLAIMS				